## SCHEDULE A (FEC Form 3X)

Use separate schedule(s) for each category of the

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(check only one)												
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ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICA FIRST ACTION, INC. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HODGE, CHRIS, , , Date of Receipt Mailing Address 2180 IDLEWILD RD 2019 City Zip Code State Transaction ID: SA11AI.48368 PALM BEACH GARDENS FL 33410 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) THE WAYS BOATYARD **MANAGER** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HODGE, CHRIS, , , Date of Receipt Mailing Address 2180 IDLEWILD RD 06 2019 City State Zip Code Transaction ID: SA11AI.47277 PALM BEACH GARDENS FL 33410 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) THE WAYS BOATYARD **MANAGER** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HODGES, MICHAEL, LYNN, , Date of Receipt Mailing Address PO BOX 331513 31 2019 City Zip Code State Transaction ID: SA11AI.47598 TN **NASHVILLE** 37203 Amount of Each Receipt this Period FEC ID number of contributing C 250000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ADVANCE FINANCIAL CHAIRMAN/OWNER Receipt For: Aggregate Year-to-Date ▼ Primary General 250000.00 Other (specify) 250150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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